



# 新西方教育中心夏令营注册表

## New West Learning Center Registration Form for 2015 Summer Camp

Email: newwestlc@gmail.com

Phone: 443-546-3460, 410-900-0373 (中文)

Family Information:									
父亲姓名 Father's name	中文			母亲姓名 Mother's name	中文				
	English				English				
家庭电话 Home Phone				手机 Cell Phone					
家庭地址 Home address									
电子邮箱 Email address									
Student Information:									
Student	Name	Gender	Birth date	Relationship to Student #1		Class (circle full day or half day)			
Student 1		M F				All full day or half day			
Student 2		M F				All full day or half day			
Class weeks (circle the weeks your child will come):									
June 15 - June 19 待定	June 22 - June 26	June 29 - July 3	July 6 - July 10	July 13 - July 17	July 20 - July 24	July 27 - July 31	Aug. 3 - Aug. 7	Aug. 10 - Aug. 14	Aug 17 - Aug. 21
Tuition and Fees			NOTES:						
1 <sup>st</sup> student	\$260/week		Please make check payable to <b>New West Learning Center.</b> <b>The tuition is \$200 or \$120 for half day if register before 4/10.</b>						
2 <sup>nd</sup> student	\$234/week								
3 <sup>rd</sup> student	\$208/week								
Half day	\$130/week								
总计 Total amount									
紧急联络人 Emergency Contact Person (other than student's parents or guardians)									
Name:		Relationship:		Phone(good between 3-8pm weekdays):					
医疗保险公司 Health Insurance Company				医保人姓名 Policy Holder Name:					
医疗保险号码 Policy #									
Medication	Yes if yes, list: No			Allergies		Yes if yes, list No			
<p>In an emergency, the New West Learning Center has my permission to take my child to the emergency room of the nearest hospital when I cannot be contacted. The hospital staff has my authorization to provide treatment, which a physician deems necessary for the well being of my child. I relieve the school of any responsibility in case accidental injury occurs during all activities.</p> <p>家长签名 Parents signature <span style="float: right;">日期 Date</span></p>									

**Billing / Payment:**

I understand that payment is expected in advance. I understand that all payments are final, there are no refunds. I understand that enrollment is assumed to be for the dates selected. Only students with current accounts are able to participate in Summer Camp events.

Parent's Initial: \_\_\_\_\_

**Physical Waiver:**

In consideration of my minor child's participation in the activities of the New West Learning Center's Academic After School program, I acknowledge, agree to and understand that: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in fencing instruction and events. I further agree on behalf of myself, my heirs, and personal representatives, that NWLC/AAS, along with coaches, volunteers, employees, agents, teachers, instructors, drivers, officers and directors of this organization and affiliated organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the instruction or event, or as a result of equipment that may have been provided to me for these activities.

Parent's Initial: \_\_\_\_\_

**Photo Release:**

I certify that I am the parent/legal guardian of the participant listed on this form, and that I hereby grant the New West Learning Center / Academic Afterschool Center (NWLC /AAS) permission to use the likeness of my minor child in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the New West Learning Center / Academic Afterschool Center and will not be returned. I further irrevocably authorize NWLC/AAS to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the NWLC/AAS programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge NWLC/AAS from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Parent's Initial: \_\_\_\_\_

**Medical Authorization:**

I, the parent or legal guardian of the participant listed on this form, authorize the faculty or staff of New West Learning Center / Academic After School (NWLC/AAS), in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while participating in a NWLC/AAS activity during the period from September 6, 2012 through June 30, 2013. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Parent's Initial: \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

注册专用 (Center Use Only) 金额 (Payment amount) _____ 支票号码 (Check #) _____  <div style="display: flex; justify-content: space-between;"> <span>签收 (Received by) _____</span> <span>日期 Date _____</span> </div>
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